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Application Number	10 808 263
Filing Date	3/25/04
First Named Inventor	Donald L Schilling
Art Unit	2611
Examiner Name	Phuong Phu
Attorney Docket Number	LINEX 3345

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

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Customer Number:

69960

OR

☒ Firm or  
Individual Name LineX Technologies, Inc.

Address

187 Hwy 36

City

W. Long Branch

State

NJ

Zip 07764

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Donald L Schilling

Name

Date

September 14, 2007

Telephone

561-775-9969

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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